Department of Health
An Roinn Sláinte
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HSC Health and Social Care

NORTHERN IRELAND PRIMARY CARE OPTOMETRY ENHANCED SERVICE

Intra Ocular Pressure Repeat Measures (Level I ES)

COMMENCED 1ST DECEMBER 2013
(Revised Service Specification v5 December 2024)

1. INTRODUCTION

This enhanced service specification for Intra Ocular Pressure Repeat Measures (Level 1) outlines an enhanced optometric service. This service is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services. No part of this specification by commission, omission or implication defines or redefines General Ophthalmic Services.

2. BACKGROUND

The aim of the Intra Ocular Pressure Repeat Measures service is to reduce the numbers of false positive referrals for ocular hypertension (OHT). This enhanced service achieves this aim by funding contractors to refine referrals by permitting payment for a repeat intra ocular pressure test.

Contractors are funded for Optometrists/OMPs to repeat intra ocular pressure measurements using Goldmann, Perkins or iCare tonometry to gauge whether the patient has intra ocular pressure that is consistently or recurrently ≥24mmHg and therefore needs to be referred in line with NICE Guidance.

This enhanced service is designed to reduce the number of inappropriate referrals and so can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

3. EVIDENCE BASE

The evidence to support the provision of this Enhanced Service is:

a) Developing Eyecare Partnerships: Improving the Commissioning and Provision of Eyecare Services in Northern Ireland, DHSSPS 2012
b) NICE Guideline NG81, Glaucoma: diagnosis and management, updated January 2022
c) Health and Wellbeing 2026: Delivering Together, DoH October 2016

4. AIM

The aim of this Intra Ocular Pressure Repeat Measures enhanced service is to assist contractors in refining referrals prior to deciding whether or not a patient should be referred for high intra ocular pressure in the absence of clinical signs of glaucoma as an ocular disease.

Provision of this enhanced service for patients with suspected Ocular Hypertension is in addition to and supports the advice and guidance provided by NICE in NG81. This advice relates to the other clinical tests which should be offered prior to any referral and the subsequent provision of the results of all examinations and tests in a referral.

5. SERVICE SPECIFICATION

5.1 OVERALL CONTRACTOR RESPONSIBILITY

a) The contractor is responsible for all aspects of the service provision in line with this service specification,

b) It is the contractor's responsibility to ensure that the individual practitioners providing the service on their behalf are eligible to do so.

c) The contractor is required to provide annual assurance declaration in respect of the enhanced service provision.

d) The contractor is responsible for the accuracy and appropriateness of all claims submitted by the practice for this enhanced service.

5.2 INDIVIDUAL PRACTITIONER ELIGIBILITY – TRAINING AND ACCEPTANCE AS A PROVIDER

Optometrists/OMPs who have completed the Intra Ocular Pressure Repeat Measures ES (Level I) training shall be deemed suitably qualified to offer the enhanced service and may only provide the service in a practice signed up to provide the enhanced service.

Optometrists/OMPs who participate in the enhanced service should demonstrate an ongoing level of activity.

5.3 SERVICE TO BE PROVIDED

Contractors will ensure that, in the delivery of this enhanced service, individual practitioners providing the service will comply fully with all requirements; failure to do so may result in recovery of fees.

False positive referrals cause unnecessary anxiety to the patient, paperwork for the practitioner and a waste of hospital resources. The aim of this Intra Ocular Repeat Measures enhanced service is to enable contractors to provide a service for IOP Repeat Measures on eligible patients.

NICE guidance states that adults with intra ocular pressure that is consistently or recurrently ≥24mmHg should be referred for suspect and have further examinations within the hospital eye service including; applanation tonometry (Goldmann), gonioscopy and pachymetry by a specialist healthcare practitioner (see NICE Guideline for full details, available at Overview | Glaucoma: diagnosis and management | Guidance | NICE).

1. If the intra ocular pressure measured at the patient's initial eye examination or clinical assessment is ≥24mmHg, and a patient may normally be referred, in order to avoid an unnecessary false positive referral, the repeat measurement must be carried out on both eyes using a Goldmann, Perkins or iCare tonometer.

2. The IOP repeat measures test should take place within 28 days from initial examination. In exceptional circumstances the repeat measure can be taken on the same day/time as the patient's eye examination, however these situations will be rare. It is expected that the repeat measure will take place on a different day/time.

3. Any repeat measurements which take place outside of the 28 days' timeframe must have prior approval from BSO ophthalmic services.

A payment for the repeat measures test can be claimed.

NOTE: Practitioners should check the patient history, including reference to the NIECR /EpicCare Link for the patient to ensure that the patient has not been previously referred for suspect OHT and/or is already attending the glaucoma service. The outcome of this may be that providing the enhanced service is not indicated.

5.4 PATIENT ELIGIBILITY CRITERIA

Patients INCLUDED in the Enhanced Service

a) Adults (18yrs and over at time of initial exam/assessment) registered with a GP in Northern Ireland and have a HCN number.
AND
b) Who have routinely had their intra ocular pressure measured and who have been found to have raised intra ocular pressure ≥24mmHg in either eye.

Patients EXCLUDED from the Enhanced Service

Patients should be referred normally if any one, or both, of the following clinical signs during the examination. If these signs are noted the repeat measures test should **NOT** be used and no claim for a fee under the Level I Enhanced Service (Intra Ocular Pressure Repeat Measures) can be made:

a) Optic disc signs consistent with glaucoma in either eye
b) A visual field defect consistent with glaucoma in either eye

5.5 RECORD-KEEPING

(a) The contractor will ensure that they comply with all current regulations in regard to Data Protection.

b) The patient and practitioner must sign the patient declaration form ESPR, or the paper claim form, on completion for provision of the service. Failure to obtain a patient signature my result in recovery of fees.

c) The contractor must ensure that records kept of services provided under this enhanced service are full, accurate and contemporaneous and these should be retained according to peer accepted guidance (e.g. the College of Optometrists). Failure to provide such records may result in recovery of fees and further follow up with regard to clinical governance.

d) The contractor will comply with any reasonable request by the Strategic Planning and Performance Group (SPPG), Business Services Organisation (BSO), or their representative, to view records of patients on whom the enhanced service has been carried out, and will ensure that the reason for the repeat pressures test is clear from the patient record.

e) The contractor and the practitioner will ensure that records of any services provided under this service are legible.

5.6 FACILITIES/EQUIPMENT

a) A Goldmann-type, Perkins or iCare tonometer (with disposable tonometer prisms or appropriate arrangements for decontamination of reusable prisms/probes in line with infection control guidance from the College of Optometrists). The tonometry equipment must be regularly calibrated in line with manufacturer's recommendations. This includes all non-contact and contact tonometers used in screening prior to the enhanced service being provided.

   Contractors are advised that although iCare is a permitted method of IOP assessment for this enhanced service, optometrists should be aware that any variation or inconsistency in IOP readings ***may*** require confirmation using Goldmann-type method of tonometry.

   Contractors are asked to note that NICE Guideline 81 in relation to the recommendations for IOP measurement prior to referral for assessment and diagnosis in the hospital eye service.

b) The tonometry equipment **must** be regularly calibrated in line with manufacturer's recommendations. This includes all non-contact and contact tonometers used in screening **prior to** the enhanced service being provided.

c) The enhanced service must be provided from an approved premise.

5.7 CLINICAL GOVERNANCE

a) The contractor must ensure and satisfy themselves that all individual practitioners providing the enhanced service:

   i. Have valid and current personal code for GOS in Northern Ireland.
   ii. Comply with all relevant legislation and guidance and maintain GOC/GMC registration.
   iii. Fulfil the criteria for eligibility to provide the enhanced service and have undertaken the appropriate training.
   iv. Have signed the Individual Practitioner Enhanced Service Agreement.

b) The contractor is required to provide annual assurance declaration in respect of the enhanced service provision.

c) If the patient is referred to hospital it is important that all the relevant clinical information is included on the referral so that the hospital eye service can prioritise the referral. Information within any referral should take account of NICE Guideline 81 (NG81). Failure to make the appropriate clinical decision following service provision i.e. refer/not refer, may result in non-payment of the additional fee under this enhanced service and further follow up with regard to clinical governance.

d) Contractors providing the enhanced service must ensure that all adverse incidents (AIs) and serious adverse incidents (SAIs) are reported in line with current requirements. Adverse Incident reporting forms (A1F1 GOS) are available from the following link: Adverse Incident Reporting - Business Services Organisation (BSO) Website (hscni.net)

6. FEE LEVELS

The fee level for the Intra Ocular Pressure Repeat Measures are provided to patients registered with a General Medical Practitioner (GMP) in Northern Ireland is:

£19 for repeating applanation tonometry.

PLEASE NOTE: A fee can only be claimed for repeating Intra Ocular Pressure measurement once per patient in line with DoH guidance on minimum GOS sight test intervals, or, the clinically recommended interval where private eyecare is provided.

7. VERIFICATION & PROBITY ASSURANCES

The provision of this enhanced service, Level I ES I IOP Repeat Measures Service will be subject to monitoring and probity post payment verification assurance processes by the Strategic Planning and Performance Group (SPPG) and the Business Services Organisation (BSO). For verification purposes, records may be sought for claims paid up to six years prior to the date of their request. Recovery will be sought with regard to any fees which cannot be assured in line with this specification.

8. PAYMENT PROCESS

a) **Payment procedure**: A Level I/Level II Enhanced Service Claim form should be completed for each patient seen under this enhanced service. Claims for payment can be sent using the method determined by the Business Services Organisation for validation and processing of claims.

b) Claims must be submitted **no later than three months** after the date of service provision. Contractors should put in place a system to check that they receive payment for all valid claims submitted. Claims submitted later than three months after the date of service provision will be rejected for payment.

c) Contractors must ensure that they only send payment claims for patients who are registered with a General Medical Practitioner in Northern Ireland. Contractors must also ensure that the Health and Care Number (HCN) for each patient for whom the enhanced service is provided is annotated on the Enhanced Service claim form. **Payment for the enhanced service will not be processed without the patient's HCN.**

9. REVIEW AND AUDIT

Contractors must ensure that data on individual patients for which claims are made is recorded and held at practice level, and if requested by the Strategic Planning and Performance Group (SPPG)/Business Services Organisation (BSO), should be provided in the requested format. This information may be used to evaluate and improve the enhanced service.

The service will be audited to ensure it meets its aims. To this effect the contractor must supply the SPPG/BSO with such information as it may reasonably request for the purposes of monitoring performance of its obligations under this enhanced service to include revalidation as required.

10 TERMINATION/SERVICE WITHDRAWAL

The Strategic Planning and Performance Group (SPPG) reserves the right to:

a) Terminate the provision of the enhanced service by a contractor who does not, in the opinion of SPPG, comply with the service specification in force at the time of service provision

b) Withdraw accreditation of an individual practitioner who does not fulfill the eligibility criteria in force at the time of service provision.

c) A contractor who is unable to provide the service in line with the service specification and supporting service protocols and guidance should notify the SPPG at the earliest opportunity and in line with guidance noted in the service protocol. Any contractor or individual practitioner who wishes to withdraw entirely from the Enhanced Service must notify the SPPG in writing of their intention to do so giving 14 days' notice. The SPPG may also withdraw provision of this Enhanced Service giving 14 days' notice, except where service provision or patient safety is compromised in which case the SPPG may withdraw the service immediately from a contractor, or, an individual practitioner.